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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$0 \$0 \$1400 04/12/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS IBRAHIM, MEDINA AHMED 1638 800-320100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorne MCKEE, VOORHEES & SEASE, P.L.C. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 2801 Grand Ave., Suite 3200 PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer **DES MOINES, IOWA 50309-272**: listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, Ino assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATEOR COUNTRY) 2 00000062 10821133 (A) NAME OF ASSIGNEE PIONEER HI-BRED INTERNATIONAL, INC. 1400.00 07 JOHNSTON, FCI A: 11 Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 26-0084 (enclose an extra copy of this form). ☐ Advance Order - # of Copies 5. 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